

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Landscape Architects, Fifth Floor
www.mass.gov/reg
617-727-3072

Reciprocity Application – Fee \$57.00
Examination Application--Fee \$39.00

Board of Registration of Landscape Architects

Application Instructions

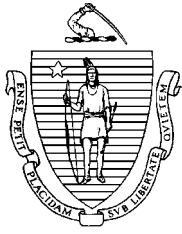
The Board must approve all applications for the June examination by March 1st.
The following information must be returned with your application to
Experior at 1260 Energy Ln, St. Paul, MN 55108
(800) 881-4214

Reciprocity applicants only may return applications directly to the Board.

- Five- (5) reference forms, three- (3) from registered landscape architects. A registered architect or a registered professional engineer may be substituted for one landscape architect reference. All reference forms must be in sealed envelopes.
- Official transcripts from your college or university (must be in a sealed envelope)
- **Reciprocity applicants only**. Verification of registration or examination. Applicant does not complete any part of the verification form. The state board in which you have taken your examination and/or registrations must complete the form. The verification form can be sent directly to the state board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.
- Application fee (check or money order made payable to the Commonwealth of Massachusetts.)
- Applicants approved for reciprocal registration in the Commonwealth of Massachusetts must successfully complete section F, (wetlands and plant identification) portion of the L.A.R.E.

PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

- Once the Board has received your completed application, you will be reviewed for examination or reciprocity.
- If you are approved for examination, you will be mailed an **Experior** scheduling form. This form must be completed and sent directly to **Experior** (Experior address provided on the scheduling form) by the deadline date stated on the form.
- If you are approved for reciprocity you will be mailed a letter with further instructions on how to submit your fee for registration.
- A refresher course is generally offered by the Boston Society of Landscape Architects. You may contact them at 508.620.5018 for further information.
- All applicants are required to obtain a copy of the Rules and Regulations from the State BookStore, 617-727-2834. The address is Massachusetts State Book Store, State House, Room 114, Boston, MA 02133, ask for 242 CMR



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BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

Passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License # _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____

8. Social Security Number (**Mandatory**): _____

Pursuant to GL c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____
10. Has a licensing/certification board located taken any disciplinary action against you in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____
13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
15. Experience: Give full information concerning periods of employment contributing to your experience in the practice of Landscape Architecture. Start with present position and work back, explaining exact duties. Include only that experience under the direct supervision of a registered Landscape Architect. Under the "Time Engaged" enter only those periods of time spent in practicing landscape architecture as defined in M.G.L. c. 112, s. 98. You may use additional sheets.

DATE FROM/TO	Name, Lic#, address of R.L.A supervisor, nature, character of work duties	Hours per Week

16. Personal: Describe briefly the nature and extent of any service or pertinent non-Landscape architectural work, which you may be doing or in which you may have been engaged which contributes to your qualification as a Landscape Architect.

Nature of Work	Location	Dates From/To

17. List professional and technical organizations of which you are a member or associate and any professional registration you hold. (Identify states and specific fields): _____

18. Education: List name, address, major course, dates attended, degree awarded.

High School: _____

College or University: _____

Other: _____

19. References: Give name, registration number, address, professional relationship and how many years known, of three Landscape Architects who have been in licensed practice for 10 years or more and whom you have asked to file references.

• Name, Lic# Address Phone

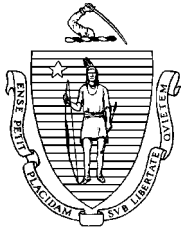
• Name, Lic# Address Phone

• Name, Lic# Address Phone

- | Name | Address | Phone |
|------|---------|-------|
| | | |
- | Name | Address | Phone |
|------|---------|-------|
| | | |

Signature of applicant

Date _____



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Reference Instruction Sheet

The reference forms are treated as confidential.

Dear Applicant:

You have been requested to provide reference information for an applicant for registration as a Landscape Architect in Massachusetts under the provisions of Chapter 473 of the Acts of the 1968 Session of the Legislature of this Commonwealth. Pertinent information concerning the applicant will be helpful to the Massachusetts Board of Registration of Landscape Architects.

In order for the provisions of the licensing law to be effective in safeguarding public health, safety and welfare, the Board of Registration of Landscape Architects has been charged with the responsibility of limiting the use of the title "Landscape Architect". Only those who are qualified for that profession on the basis of quality of character, education and practical experience in landscape architectural work. As one of the applicant's references, you are familiar with his or her professional work or have knowledge of his or her ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his or her professional work as well as your opinion of his or her professional competence and character.

The Board will further appreciate your cooperation in supplying the information requested on the reverse side of this sheet and in forwarding it as soon as possible to the applicant in a sealed envelope. The applicant must return the sealed envelope directly to the Board with their completed application. If the reference forms come into the Board office open or your application is not completed they will be returned to the applicant.

The reference forms are treated as confidential.

1. Name of applicant: _____
First Middle Last Generation

2. Professional, or other relationship to applicant: _____

3. Number of years you have known applicant: _____

4. Please evaluate the applicant in the categories of which you have personal knowledge:

a. TECHNICAL KNOWLEDGE: _____

b. PROFESSIONAL EXPERIENCE: _____

5. Do you consider the applicant qualified for registration as a Landscape Architect?
☐ Yes ☐ No if no, please provide reason _____

6. Other comments: _____

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

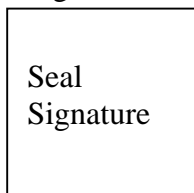
Print Name License Number, Date acquired, Expiration date, and State

Occupation

Address City or State Zip Code

Date

Signature





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Verification of Registration

Applicant does not complete any part of the verification form. The state board in which you have taken your examination and/or registrations must complete the form. The verification form can be sent directly to the state board or to the applicant in a sealed envelope. The applicant must send verification in the sealed envelope with the application.

BOARD OF PRIOR REGISTRATION:
(name/address)

**APPLICANT NAME/ADDRESS AND
LICENSE NUMBER:**

I certify that the records of the _____ Board show that the person named above:

1. Was registered as a Landscape Architect on _____ and was issued Certificate/License number _____.
2. Now holds a valid registration, which expires on _____ unless renewed.
3. Held a valid registration, which expires on _____.
4. Was granted the above registration:
 - (a) By practice in the State at time of passage of Law _____.
 - (b) By reciprocity with the State of _____.
 - (c) By oral examination _____ hours.
 - (d) By written examination _____ hours.
5. The written examination was completed on _____.

PLEASE COMPLETE ALL THE FOLLOWING INFORMATION:

Exam Subject	Number of hours	Passing grade	Date passed	U.N.E or L.A.R.E.

Name: _____ Title: _____ Date: _____

BOARD SEAL